

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101655165

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.
1	1			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21	1			
22	2			
23	2			
24	1			
25	1			
26	1			
27	2			
28	2			
29	2			
30	1			
31	1			
32	1			
33	1			
34	1			
35	1			
36	1			
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
TOTAL IND.		J	J	J
TOTAL DEP.	J	J	J	J
TOTAL CLAIMS				

IND.	DEP.	IND.		DEP.	
		IND.	DEP.	IND.	DEP.
51	1				
52	2				
53	2				
54	2				
55	3				
56	3				
57	2				
58	2				
59	2				
60	2				
61	2				
62	2				
63	2				
64	2				
65	2				
66	2				
67	2				
68	2				
69	2				
70	2				
71	2				
72	2				
73	2				
74	2				
75	1				
76					
77					
78					
79					
80					
81	1				
82	1				
83	1				
84	1				
85	1				
86	1				
87	1				
88	1				
89	1				
90	1				
91	1				
92	1				
93	1				
94	1				
95	1				
96	1				
97	1				
98	1				
99	1				
100	1				
TOTAL IND.	1	J	J	J	J
TOTAL DEP.	95	J	J	J	J
TOTAL CLAIMS	115				